skin above the upper limb of the hernia. The sac is opened, intestinal adhesions are separated, and omentum resected if necessary. The layers of the rectus sheath are dissected out, transverse incisions in the anterior layer being made, and the flaps laid back by blunt dissection. The rectus muscle and fascia are sutured separately, the peritoneum and posterior layers of fascia being united vertically with the same suture, next the muscles. The anterior layer is then sutured transversely, then the fatty tissue, and finally the skin. Drainage is rarely necessary.

Rare Neoplasms of the Female Urethra.—THOMSON (*Zentralblatt f. Gynäkologie*, No. 25, 1906) reports a case of fibroma of the urethra and refers to twenty-one cases collected by Salen and twenty-seven by Lomberg. Fifty cases of urethral cancer have been reported. Thomson, in describing a case of sarcoma in this region, states that Leitz could find reports of only thirty-three cases of primary sarcoma of the urethra.

Syphilis of the Adnexa.—PIEHEIM (*Gaz. des hôpitaux; Zentralblatt f. Gynäkologie*, No. 26, 1906) calls attention to the fact that the diagnosis of syphilitic oöphoritis has usually been based entirely on the result of antispecific treatment; metrorrhagia is the only symptom, if there is any. The disease is rare. Still more infrequent is syphilitic salpingitis unaccompanied by similar infection of the ovaries. The only anatomical change is marked thickening of the tubes.

OPHTHALMOLOGY.

UNDER THE CHARGE OF

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The Sight of Sharpshooters.—GINNESTOUS and COULLAUD (*Arch d'Ophthal.*, May, 1906), from an extensive study of visual conditions that come into play in the act of aiming firearms, come to the following conclusions: (1) Aiming is an act of monocular vision. (2) Accuracy of aim is compatible with considerable diminution, and even with complete abolition, of the sight of one eye; as it is also with monocular ametropia. This is proved by the successful contestants in shooting-matches, who have but a single eye or are affected with amblyopia, exanopsia, or anisometropia. (3) Aim is usually taken with the eye whose visual acuity is best. (Tschnerning's and Vallee's *Theory of the Governing Eye*.) In the majority of cases it will be found that gunners that aim with the left eye have defective vision or considerable refractive error in the right. Those that shoot with both eyes open have usually monocular amblyopia, thus doing away with the necessity for shutting the other eye. Both these classes of individuals may become excellent shots. (4) The acuity of the better eye (the aiming eye) should not be less than half the minimum; in certain exceptional cases, however, the acuity may fall below this limit. (5) The static refraction is of little importance for accuracy of aim; the accommodation, however, must be adequate; for the sight upon the barrel must be accurately seen. The sight is situated from three-quarters to one and a quarter meters from the eye. (6) Hence, myopia above 1 D. should be corrected, as well as hyperopia (leading to accommodative asthenopia) and presbyopia. (7) Military rules should permit the soldier to aim with either eye (to shoot from either shoulder) and to close or keep open at pleasure the other eye. A minimum visual acuity of one-half should be required in one eye while that of the other may be neglected.

The Color of the Macula Centralis Retinæ.—GULLSTRAND (*Graefe's Arch. f. Ophthal.*, 1906, lxxii, 1) denominates the unique spot of the retina characterized entoptically and anatomically by absence of vessels, as well as of rods and visual purple, the macula centralis retinæ. He regards the macula lutea as a postmortem phenomenon. Ophthalmoscopic examination by daylight, and even in strongly pigmented eyes the retinas of which showed a grayish reflex, and in recent cases of acute ischemia of the retina, did not show a trace of yellow. Examination with the mercurial arc light, with which the yellow color in question would become visible, if present, likewise gave a negative result. Anatomical researches showed that the color of the macula is the much more pronounced, the greater the force used in separating the retina; while the color is entirely absent if this separation is effected without any violence.

Congenital Atrophy of the Optic Nerve.—KOWALEWSKI (*Centr. f. prak. Augenh.*, April 1, 1906) writes concerning this rare condition, which was first described by Leber in 1871. Since then, forty papers relating to fifty families have appeared. The disease begins suddenly, with reduction of the visual acuity to counting fingers from one to four meters. Both eyes are constantly affected at an interval of a few days to a year and a half. The fundus is at first normal, or a mild optic neuritis may be present; but at the end of several weeks the papilla becomes pale, especially at its temporal quadrant (papillomacular bundle); and finally, it takes on the typical appearance of optic atrophy. The visual field is characteristic. An absolute or relative scotoma is the rule. The field is of the normal extent, or but slightly contracted. The color sense is frequently preserved, even at the periphery. The disease usually begins several years after puberty (at about the age of twenty). The course is not uniform. The visual acuity and the central scotoma generally remain stationary, but improvement has been noted in one-third of the cases; while, on the other hand, complete blindness may occur. The course of the disease is usually the same in the same family. Severe disturbances affecting the cerebrospinal system, such as epilepsy and psychoses, are very rare; slighter affections, such as migraine, vertigo, and palpitation of the heart, are frequent. Inherit